



U. S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO. **MOD004954111**

I. NAME OF INSTALLATION **Monsanto Co., J. F. Queeny Plant**

II. INSTALLATION MAILING ADDRESS **1700 South Second Street**
St. Louis, Missouri 63177
PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION **1700 South Second Street**
St. Louis, Missouri 63177

HWG 01002

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APR 15
WASTE MANA
PROCE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST. ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST. ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION ☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE ☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION ☒ B. SUBSEQUENT NOTIFICATION (complete item

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

C. INSTALLATION'S EPA I.D. NO.



IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1 F 0 2 0 23 - 26 7 23 - 26 | 2 F 0 2 3 23 - 26 8 23 - 26 | 3 23 - 26 9 23 - 26 | 4 23 - 26 10 23 - 26 | 5 23 - 26 11 23 - 26 | 6 23 - 26 12 23 - 26 |
|---|---|------------------------------|-------------------------------|-------------------------------|-------------------------------|

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|---|---|---|
| 13 23 - 26 19 23 - 26 25 23 - 26 | 14 23 - 26 20 23 - 26 26 23 - 26 | 15 23 - 26 21 23 - 26 27 23 - 26 | 16 23 - 26 22 23 - 26 28 23 - 26 | 17 23 - 26 23 23 - 26 29 23 - 26 | 18 23 - 26 24 23 - 26 30 23 - 26 |
|---|---|---|---|---|---|

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|---|---|---|---|---|---|
| 31 23 - 26 37 23 - 26 43 23 - 26 | 32 23 - 26 38 23 - 26 44 23 - 26 | 33 23 - 26 39 23 - 26 45 23 - 26 | 34 23 - 26 40 23 - 26 46 23 - 26 | 35 23 - 26 41 23 - 26 47 23 - 26 | 36 23 - 26 42 23 - 26 48 23 - 26 |
|---|---|---|---|---|---|

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--------------------------------------|--|------------------------|
| SIGNATURE <i>Fred L. Thompson</i> | NAME & OFFICIAL TITLE (type or print) FRED L. THOMPSON PLANT MANAGER | DATE SIGNED 4/11/85 |
|--------------------------------------|--|------------------------|

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IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------------|-------------------------|--------------|---------------|---------------|---------------|
| 1 F 0 2 0 23 - 26 | 2 F 0 2 3 23 - 26 | 3 23 - 26 | 4 23 - 26 | 5 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

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| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 13 23 - 26 | 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 31 23 - 26 | 32 23 - 26 | 33 23 - 26 | 34 23 - 26 | 35 23 - 26 | 36 23 - 26 |
| 37 23 - 26 | 38 23 - 26 | 39 23 - 26 | 40 23 - 26 | 41 23 - 26 | 42 23 - 26 |
| 43 23 - 26 | 44 23 - 26 | 45 23 - 26 | 46 23 - 26 | 47 23 - 26 | 48 23 - 26 |

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| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

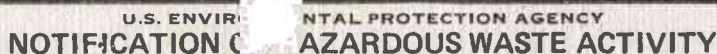
Fred L. Thompson

NAME & OFFICIAL TITLE (type or print)

FRED L. THOMPSON
PLANT MANAGER

DATE SIGNED

4/11/85



1700 South Second Street
St. Louis, Missouri 63177

II INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

COMMENTS

I. NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|---|----------|---|---|---|---|---|---|----|----|----|----|---|----|
| | | STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | | 3 | 1 | 7 | 0 | 0 | S | O | U | T | H | S | E | C | O | N | D | S | T | R | E | E | T | | | | | | | 45 | | | | |
| 15 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | CITY OR TOWN | | | | | | | | | | | | | | | | | | ST. | | ZIP CODE | | | | | | | | | | | | |
| C | | 4 | S | T | L | O | U | I | S | | | | | | | | | | | | | M | O | 6 | 3 | 1 | 7 | 7 | 40 | 41 | 42 | 47 | - | 51 |
| 15 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

III. LOCATION OF INSTALLATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------|-------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------|-----------------|----|----|----|----|----|----|----|
| | STREET OR ROUTE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C 5 | 1 | 7 | 0 | 0 | S | O | U | T | H | S | E | C | O | N | D | S | T | R | E | E | T | | | | | | | | | | | | 43 |
| 15 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CITY OR TOWN | | | | | | | | | | | | | | | | | | | | | | | | ST. | ZIP CODE | | | | | | | |
| C 6 | S | T | L | O | U | I | S | | | | | | | | | | | | | M | O | 6 | 3 | 1 | 7 | 7 | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | |

IV. INSTALLATION CONTACT

| NAME AND TITLE (<i>last, first, & job title</i>) | | | | | | | | | | | | | | | | | PHONE NO. (<i>area code & no.</i>) | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|
| C | B | O | L | A | N | D | R | O | B | E | R | T | E | N | V | P | R | O | T | S | U | P | T | | | 3 | 1 | 4 | - | 6 | 2 | 2 | - | 1 | 4 | 0 | 0 |

V. OWNERSHIP

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. NAME OF INSTALLATION'S LEGAL OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | M | O | N | S | A | N | T | O | C | O | | | | | | | | | | | | | | | | | | |
| TS | SA | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|--|--|---|
| B. TYPE OF OWNERSHIP (enter the appropriate letter into box) | | VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)) | |
| F = FEDERAL M = NON-FEDERAL | | <input checked="" type="checkbox"/> A. GENERATION | <input type="checkbox"/> B. TRANSPORTATION (complete item VII) |
| | | <input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE | <input type="checkbox"/> D. UNDERGROUND INJECTION |

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ **A. AIR** ☐ **B. RAIL** ☐ **C. HIGHWAY** ☐ **D. WATER** ☐ **E. OTHER (specify):**

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

| <input type="checkbox"/> A. FIRST NOTIFICATION | | <input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION <i>(complete item C)</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--------------------------------|---|---|---|---|---|---|---|--|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|
| | | <table border="1"> <tr> <th colspan="12">C. INSTALLATION'S EPA I.D. NO.</th> </tr> <tr> <td>M</td><td>O</td><td>D</td><td>0</td><td>0</td><td>4</td><td>9</td><td>5</td><td>4</td><td>1</td><td>1</td><td>1</td> </tr> </table> | | C. INSTALLATION'S EPA I.D. NO. | | | | | | | | | | | | M | O | D | 0 | 0 | 4 | 9 | 5 | 4 | 1 | 1 | 1 |
| C. INSTALLATION'S EPA I.D. NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | O | D | 0 | 0 | 4 | 9 | 5 | 4 | 1 | 1 | 1 | | | | | | | | | | | | | | | | |

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

Monsanto

MONSANTO INDUSTRIAL CHEMICALS CO.

1700 South Second Street

St. Louis, Missouri 63177

Phone: (314) 622-1400

April 12, 1985

Mr. Morris Kay
U. S. Environmental Protection Agency
726 Minnesota Avenue
Kansas City, Missouri 66101

Dear Mr. Kay:

Enclosed is the completed Form 8700-12 updating the Monsanto Company, J. F. Queeny Plant notifications of hazardous waste activity. This notification is necessary under the requirements found in the January 14, 1985 Federal Register.

Should you or other staff members have any questions, please feel free to contact me.

Yours very truly,

Kenneth M. Perica

Kenneth M. Perica
Sr. Environmental Protection Engineer

KMP:cs

Encl.

cc: D. Bedan, Mo. Dept. of Natural Resources

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APR 18 1985
AIR AND HAZARDOUS MATERIAL
DIVISION

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